

HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM STATE OF HAWAII (Type of Print Clearly) STATE ETHICS COMMISSION (Type or Print Clearly)

PART I LOBBYIST NAME (Last) (Middle) TELEPHONE (First) Radcliffe John Henry (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAIL** jhr@808cch.com (City) (State) (Zip Code) Honolulu HI 96813-2453 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Capitol Consultants of Hawaii, LLP. (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAIL** jhr@808cch.com (City) (State) (Zip Code) Honolulu 96813 HI

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Lockridge Grindal Nauen P.L.L.P. MAILING ADDRESS (Street)		TELEPHONE (612) 596-4083 FAX (612) 339-0981			
			100 Washington Avenue S, Suite 2200		EMAIL htgrindal@locklaw.com
			(City)	(State)	(Zip Code)
Minneapolis	MN	55401			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
Melody Butay Dacanay		(808) 531-4551			
MAILING ADDRESS (Street)		FAX (808) 533-4601			
222 South Vineyard Street, Suite 401		EMAIL mbutay@aol.com			
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	✓ Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
Thereby certify that the information furnished adove is, to the best of my knowledge, correct and complete.					
2/ Mand 2013					
(Signature of Lobbyist) (Date)					
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PART V AUTHORIZATIO	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
H. Theodore Grindal	Attorney/Government Relations				
H. Theodore Grindal Attorney/Government (Velations					
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Lockridge Grindal Nauen P.L.L.P.			(612) 596-4083		
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Minneapolis	MN		55401		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
1 Keorly 1 1 3/18/13					
(Signature of Authorizing Officer or Person Represented)			(Date)		

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